## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10635598

OTHER THAN

**SMALL ENTITY** 

		(Column 1)		(Column 2)		TY	TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			24				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			J' Illinus 20=		* 4		>	<b>(\$ 9=</b>		OR	X\$18=	72
IND	EPENDENT CL	AIMS	3 mii	nus 3 =	* 0	0		X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column			olumn 2	L	OTAL		OR	TOTAL	Y 7.7
	. C	LAIMS AS A	MENDED	- PART II						• • •	OTHER	THAN
			(Column 3)	S	MALL E	NTITY	OR	SMALLE				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	>	<b>(</b> \$ 9=	:	OR	X\$18=	
	Independent	*	Minus	***		=		(42=		OR	X84=	<u></u>
	FIRST PRESE	NTATION OF MI	JLTIPLE DEPENDENT CLAIM				+	140=		OR	+280=	
	TOTAL ADDIT. FEE										TOTAL	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADL	JII. FEE			addit. Fee	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	]   ,	<42 <b>=</b>		OR	X84=	_
•	FIRST PRESENTATION OF MU		ILTIPLE DEPENDENT		CLAIM	И				Oi t		
							L+	140=		OR	+280=	
		ADE	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE						
		(Column 1)		(Colur		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	(\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4114	=	¬	(42=		OR	X84=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>」</b>   _	140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR	ADDIT. FEE	
		nber Previously Pa					er found	in the app	ropriate box	in co	lumn 1.	